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1633 #

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/320,767
	Filing Date	05/27/1999
	First Named Inventor	Giannoukakis
	Group Art Unit	1633
	Examiner Name	Sorrello, E.
Total Number of Pages in This Submission		Attorney Docket Number A32362 072396.0174

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Executed Declaration of Dr. Paul Robbins
Remarks <input type="checkbox"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	<i>Carmella L. Stephens</i> Att Name: Carmella L. Stephens PTO Reg: 41,328
Date	September 25, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>September 25, 2002</u>	
Typed or printed name	Carmella L. Stephens
Signature	<i>Carmella L. Stephens</i> Date September 25, 2002

BAKER BOTTS LLP

Attorney Docket Number: A32362 072396.0174

Title:

GENE TRANSFER TO PANCREATIC CELLS FOR PREVENTION OF ISLET DYSFUNCTION

Use Space Below for Additional Information:



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BAKER BOTTS LLP

**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$) 460**Complete if Known**

Application Number	09/320,767
Filing Date	05/27/1999
First Named Inventor	Giannoukakis
Examiner Name	Sorrello, E.
Group Art Unit	1633
Attorney Docket No.	A32362 072396 0174

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

02-4377

Deposit
Account
Name

Baker Botts LLP

- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

- ☒ Applicant claims small entity status.
See 37 CFR 1.27

2. ☒ **Payment Enclosed:**

- ☒ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid	
20**	= 0	X	= 0	
Independent Claims	3**	= 0	X	= 0
Multiple Dependent				

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description
18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent claim, if not paid
84	42	** Reissue independent claims over original patent
18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 0

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	460
1,440	720	Extension for reply within fourth month	
1,960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,280	640	Petition to revive - unintentional	
1,280	640	Utility issue fee (or reissue)	
460	230	Design issue fee	
620	310	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Information Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
740	370	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 460**SUBMITTED BY**

Name (Print/Type) Carmella L. Stephens

Registration No.
(Attorney/Agent)

41,328

Complete (if applicable)

Telephone (212) 408.2539

Signature

Carmella L. Stephens

Date

September 25, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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Title: GENE TRANSFER TO PANCREATIC CELLS FOR PREVENTION OF ISLET DYSFUNCTION

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